FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed) Example: If typying, type over the lines	12FE4M5
United in Free	edom 	
ADDRESS (number and	street) 478 Clifton Corporate Parkway	
(Check if addres x is changed)	S Clifton Park	NY
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	s patricia_raucci@hotmail.com	
(Check if address is changed)	PAGE ADDRESS (URL)  In /a	
2. DATE 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	ATION NUMBER C C00345033	
4. IS THIS STATEM	MENT NEW (N) OR X AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of my knowledge and belief it is true, correct an	nd complete
Type or Print Name of	Treasurer Bobby D'Andrea	
Signature of Treasure	r Electronically Filed by <b>Bobby D'Andrea</b>	Date 03 / 10 / YYYYY
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the person signing this Stat	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	